



IAP03Rec'd PCT 09 JUL 2009

PTO/SB/21 (12-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

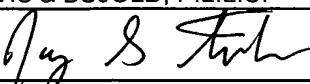
(to be used for all correspondence after initial filing)

(to be used for all correspondence after initial filing)	Application Number	10/591,223	
	Confirmation Number		
	Filing Date	with an effective filing date of March 2, 2005	
	First Named Inventor	Roger John LEACH	
	Group Art Unit	1794	
	Examiner Name	Prashant J. Khatri	Fax: (571) 273-8300
Total No. of Pages in this Submission: 21	Attorney Docket Number	COLGRA P68AUS	

ENCLOSURES (check all that apply)

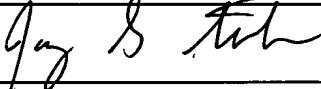
<ul style="list-style-type: none">■ Fee Transmittal Form [1] (in Duplicate)■ Fee attached - Check \$691.00■ Amendment/Response [16]<ul style="list-style-type: none">□ After Final□ Affidavits/declaration(s)■ Extension of Time Request [1] (in Duplicate)□ Express Abandonment Request□ Information Disclosure Stmt □□ Certified Copy of Priority Document(s) □□ Response to Missing Part/s Incomplete Application □<ul style="list-style-type: none">□ Response to Missing Parts under 37 CFR 1.52 or 1.53	<ul style="list-style-type: none"><input type="checkbox"/> Assignment papers □ (for an Application)<input type="checkbox"/> Drawing(s) --Annotated Sheet(s) □ Replacement Sheet(s) □<input type="checkbox"/> Licensing-related Papers □<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)<input type="checkbox"/> To Convert a Provisional Petition □<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address □<input type="checkbox"/> Terminal Disclaimer □<input type="checkbox"/> Small Entity Statement □<input type="checkbox"/> Request for Refund □
■ Additional Enclosure(s) (please identify below): Postcard	

REMARKS**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Jay S. Franklin DAVIS & BUJOLD, P.L.L.C.	Reg. No. 54,105	CUSTOMER NO. 020210
Signature			
Date	June 29, 2009		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on June 29, 2009.

Signature		Date: June 29, 2009 (amp)
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Effective on 12/08/2004.

pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$ 691.00

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/591,223
with an effective filing date of
March 2, 2005
Roger John LEACH
Prashant J. Khatri
1794

Attorney Docket No.

COLGRA P68AUS

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims <u>22</u>	-20 or HP =	Extra Claims <u>1</u>	Fee (\$) <u>\$26</u>	Fee Paid (\$) <u>\$26</u>	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
Indep. Claims <u>5</u>	-3 or HP +	Extra Claims <u>1</u>	Fee (\$) <u>\$110</u>	Fee Paid (\$) <u>\$110</u>		

07/10/2009 TLUU22 00000038 10591223

HP = highest number of independent claims paid for, if greater than 3.

01 FC:2615

26.00 OP

02 FC:2614

110.00 OP

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 =	Extra Sheets / 50 =	No. of each additional 50 or fraction thereof (round up to a whole number) x	Fee (\$) \$270/\$135	Fee Paid (\$)

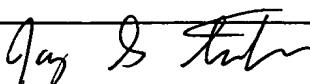
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Three Month Extension of term

\$555.00

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Jay S. Franklin	Registration No. (Atty/Agent) 54,105 Date: June 29, 2009

JUL 09 2009

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For FY 2008

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March 2, 2005
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Prashant J. Khatri
1794

Attorney Docket No.

COLGRA P68AUS

METHOD OF PAYMENT (check all that apply)

■ Check Credit Card Money Order None Other (please identify): _____

■ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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Indep. Claims 5	-3 or HP +	Extra Claims 1	Fee (\$) \$110	Fee Paid (\$) \$110		

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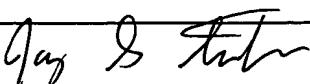
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Signature		Telephone (603) 226-7490
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